Exhibit A

Neurophysiologic Evaluation

RWJMG-The Cancer Institute of New Jersey
195 Little Albany Street New Brunswick, NJ 08903-2681
732-235-2465 Fax: 732-235-8099

JASON ZANGARA Home (908)672-0626
31 Years Old Male -DOB: 03/28/1986 RWJ MRN: 5188838 Ins: HORIZON (1066)

02/09/2018 - Office Visit: IPV - Neuropsychological Evaluation
Provider: Jasdeep Hundal Psy D
Location of Care: RWJMG-The Cancer Institute of New Jersey

Visit Type: New Patient
Referring Provider: Budoff,Steven
Primary Provider: Armas,Barbara J

CC: Memory loss

History of Present Illness:
(History taken from patient and available medical records) Jason Zangara is a 31-year-old right handed, Caucasian male with an established diagnosis of ADHD who is seen in neuropsychology clinic with concerns of cognitive decline.

He was diagnosed with ADHD in 1994. He was started on Ritalin. He was switched to Strattera 80mg in 2003. Apparently Ritalin was not working. He switched to Concerta and is now treated with Vyvanse 60mg. He had withdrawal symptoms of Concerta. He still has difficulty staying focused in the early afternoon.

He denies anxiety or panic disorder. He is followed by psychiatry, but planning to switch to RWJUH (Steven Budoff, MD). He is seeing him every two months for ADHD. No psychologist involved at this point.

The patient was a product of a normal pregnancy and delivery. Reports meeting all developmental milestones age appropriately. The patient had an IEP during school, but graduated with an "A" average following a non-mainstream curriculum.

CURRENT COMPLAINTS: as reported by the patient.
Cognitive:
-- Attention/Processing Speed: He benefits from Vyvanse in the morning, but has difficulty focusing in the early afternoon. In the afternoon, he has difficulty with multitasking. He has difficulty managing environmental distraction regardless of mediation.
-- Memory: He reports difficult acquiring information from books or lectures without multiple repetition. This is relatively new. Carryover from routine conversation is adequate. Remote recall is good. Prospective memory is good.
-- Language: denies
-- Visuospatial: denies
-- Thinking/Reasoning: denies issues with organization and planning. Denies issues with problem solving. Denies problems with judgment.

Physical: fatigue; central vision problems that comes and goes
-- Gait: denies
-- Strength: denies
-- Pain: denies
-- Sensation: denies
-- Sleep: has "tic like" body startle response. ?sleep apnea. 5-6 hours per night and wakes fine.

Psychological:
-- Mood
  -- Depression: situational stress, but denies depression (1/10)
  -- Anxiety: denies anxiety

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-- Suicidal/Homicidal Ideations: denies
-- Hallucinations: denies
-- Behavioral: denies

Functional: lives with grandmother
-- Finances: independent
-- Medication Management: independent
-- Driving: independent
-- Meal Preparation: independent
-- Self-Care: independent
-- Community Navigation: independent

Vital Signs:

Height:	67.5 inches
Weight:	158 pounds
BMI:	24.47 kg/m^2
BSA:	1.84 m^2
Temp:	97.9 degrees F oral
Pulse rate:	84 / minute
Pulse rhythm:	regular
Resp:	16 per minute
O2 Sat:	99%

1st BP reading: 134/85 mm Hg (L. arm sitting)
Cuff size: regular
Vitals Entered By: Denisse M Sosa MHT (February 9, 2018 8:44 AM)

Smoking Status: Never smoker

Incoming Medications (prior to this update):
FEXOFENADINE HCL 180 MG ORAL TABLET (FEXOFENADINE HCL) 1 po qam
VYVANSE 60 MG ORAL CAPSULE (LISDEXAMFETAMINE DIMESYLATE) 1 cap daily

Medications reviewed by: Jasdeep Hundal Psy D

Current Medication Allergies:
EC-NAPROSYN (Severe)

Medication allergies reviewed by: Jasdeep Hundal Psy D

Problem List Review

Problems list reviewed by: Jasdeep Hundal Psy D

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Past Medical, Surgical, Psychiatric, Family & Social History

Past History (reviewed - no changes required): ADHD
Hx of withdrawal symptoms on add stimulants - was on straterra 80mg Qday, switched to Concerta, now on Vyvanse
Anxiety
Asthma (during childhood)

Past Surgical History (reviewed - no changes required): None

Past Psychiatric History: Positive
-- Previous Psychiatric Diagnoses: ADHD
-- Previous Outpatient Care: psychiatry
-- Previous Medication Trials: Ritalin, Strattera, Adderall, Concerta and Vyvanse
-- Inpatient Treatment: denies

Family History (reviewed - no changes required): Father - HTN, Obesity
Mother: ?thyroid disease
Siblings: 2 Brothers, 26 and 19
Great uncle- Stomach CA
Grandfather - triple bypass at 76, OSA
Paternal grandfather - HTN, obesity
Prostate cancer in paternal uncles

No family history of blood disorders

Social History: Patient is born and raised in NJ
Family: not married and no children
ETOH: stopped drinking 7 y/a
Tobacco: denies
Other drugs: denies

Prior Academic History:
-- High school: graduated high school in 2004
-- Undergraduate school: online Columbia-Southern University 2016 (BA in fire administration)
-- Graduate school: Medical School – Caribbean Medical University 1 full year (GPA 1.5) – Studying for Step 1, also working on Master's in Public Health (few courses) and Emergency Management (GPA 3.1)

Vocational History:
-- Current vocation: student
-- Prior vocation: fireman, EMT
-- Military History: none

Risk Factors

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Alcohol use: no

Review of Systems
Neurologic: Complains of see HPI
Psychiatric: Complains of see HPI

Physical Exam
Appearance: well developed, well nourished, no acute distress

Musculoskeletal
Gait and station: normal, can undergo exercise testing and/or participate in exercise program
Musc strength/tone: normal tone and strength

Psychiatric
Speech: normal rate, volume, articulation, coherence, no perseveration
Thought processes: normal rate of thoughts, abstract reasoning, and computation
Associations: no loose or tangential associations
Abnorm/psychotic thought: no evidence of hallucinations, delusions, obsessions, or homicidal/suicidal preoccupations
Judgment, insight: intact

Mental Status Exam
Orientation: oriented to time, place, and person
Language: no aphasia
Fund of knowledge: able to name months, seasons, current president
Mood and affect: no depression, anxiety, or agitation

NEUROPSYCHOLOGICAL EXAMINATION FINDINGS The patient arrived on time to the appointment

Behavior/attitude Present, cooperative, easy engaged in testing

Motivation/Effort No concerns indicated. Embedded (e.g., RDS=wnl, CVLT2 FC=wnl) and standalone (e.g., TOMM Trial 1=fail, Trial 2=wnl, Retention=wnl, DCT=wnl) performance validity testing is grossly within normal limits suggesting the obtained scores are likely an accurate reflection of the patient's current neurocognitive functioning. Of note his failure on Trial 1 of the TOMM may be due to a genuine visual memory disorder due to his similarly poor performance on other measures of visual memory.

Test scores are compared to demographically corrected norms, (e.g., age (31), education (19, in Medical School), ethnicity (Caucasian/White), and gender, as available and presented as standardized T-scores, Standard scores, Scaled-scores, z-scores and associated percentile ranks to allow for comparability of measures, when possible. Raw and converted data points can be found at the end of this report.

Tests Administered/Procedure (administered by neuropsychometrist/reported by neuropsychologist): Test of Memory Malingering (TOMM), Dot Count Test (DCT), Grooved Pegboard (GP), Wide Range Achievement Test, 4th Ed (WRAT4), Reading subtest, Wechsler Abbreviated Scale of Intelligence 2nd Ed. (WASI2), Neuropsychological Assessment Battery (NAB), selected subtests, Conners Continuous Performance Test, 3rd Ed (CPT3), Delis-Kaplan Executive Functions System (D-KEFS), selected subtests, Wisconsin Card Sorting Test, 128-Version (WCST-128), Boston Naming Test (BNT), Rey Complex Figure Test (RCFT), Benton Judgment of Line Orientation (JOLO), California Verbal Learning Test, 2nd Ed (CVLT2), Wender Utah Rating Scale (WURS), Brown ADD Scale (BADD), Beck

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Anxiety Inventory (BAI), Beck Depression Inventory 2nd Ed (BDI-II), and Personality Assessment Inventory (PAI). Also completed clinical interview with patient as well as reviewed pertinent medical records.

Score ranges in Percentiles:
< 1-1st Percentile = ***Severely impaired***
2-3 percentile = ***Moderately impaired***
4-8 percentile = ***Mildly impaired***
9-24 percentile = Low average
24-74 percentile = Average
75-91 percentile = High average
92-98 percentile = Superior
99->99 = Very superior

****Bold label indicates areas of concern***

SENSORY/MOTOR: On direct examination visual fields are full and hearing is adequate for testing. Cortical sensory functioning is intact to visual, auditory, and tactile double simultaneous stimulation. Face-hand stimulation is intact. Right-left orientation is intact.

Motor control and manual dexterity (GP)
-- Dominant (right) hand: ***Mildly impaired***
-- Non-Dominant (left) hand: Low average

***Right-hand motor control and dexterity are significantly worse than the left.

PREMORBID IQ/CURRENT IQ

Premorbid intellectual functioning
-- WRAT4 Reading: SS = 94, 34th percentile (CI: 86–103)

Current intellectual functioning (WASI2)
-- FSIQ-4: SS = 101, 53rd percentile (CI: 96–106)
-- VCI: SS = 94, 34th percentile (CI: 88–101)
-- PRI: SS = 108, 70th percentile (CI: 101–114)
-- VCI<PRI = -14, significant, base rate = 15%

***Predicted and obtained IQ scores are grossly compatible and within normal limits.

***Perceptual reasoning abilities are significantly, yet not abnormally, better than verbal reasoning abilities.

ATTENTION/PROCESSING SPEED

Basic auditory attention
-- Auditory attention (NAB-Digit Span Forward): ***Mildly impaired***
-- Auditory working memory (NAB-Digit Span Backward): Low average
-- Visual working memory (NAB-Dots): Average

Complex attention
-- Sustained attention efficiency (NAB-N&L Part A): Average
  -- Part A speed: Average
  -- Part A errors: Low average
-- Selective attention efficiency (NAB-N&L Part B and C): ***Mild*** and ***moderately impaired***, respectively
  -- Part B errors = 3
  -- Part C errors = 3
-- Dual task efficiency is (NAB-N&L Part D): ***Mildly impaired***
  -- Part D errors = 2

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-- Part D disruptions: ***Mildly impaired***

Complex visual attention (CPT3)
-- Inattention: ***Some indication***
-- Impulsivity: WNL
-- Sustained attention: ***Some indication***
-- Vigilance: WNL

Information processing speed
-- Visual scanning speed (D-KEFS TMT): Low average
-- Number sequencing speed (D-KEFS TMT): Average
-- Letter sequencing speed (D-KEFS TMT): Average
-- Motor speed (D-KEFS TMT): Average

-- Automatic mental processing speed (D-KEFS CWT Word Reading): ***Severely impaired***
-- Controlled mental processing speed (D-KEFS CWT Color Naming): ***Severely impaired***

***Observed impairments in complex attention despite having taken Vyvanse the morning of testing

***Observed impairments in controlled and automatic mental processing speed. Psychomotor speed for basic material is within normal limits

HIGHER ORDER INTEGRATIVE FUNCTIONING

Mental Flexibility
-- Alphanumeric set switching (D-KEFS TMT): Average
-- Inhibition (D-KEFS CWT): ***Severely impaired***
-- Inhibition/switching (D-KEFS CWT): ***Severely impaired***
-- Category switching (D-KEFS VFT): Average

Abstract Reasoning
-- Verbal abstract reasoning (WASI2 Similarities): Average
-- Structured nonverbal problem solving (WASI2 Matrix Reasoning): High average
-- Unstructured problem solving and fluid reasoning (WCST-128): ***Well below expectation***
  -- Total errors: ***Severely impaired***
  -- Perseverative responses: ***Moderately impaired***
  -- Conceptual responses: ***Severely impaired***
  -- Total categories completed (total =1): ***Mild to moderately impaired***

Initiation/generation
-- Phonemic fluency (D-KEFS VFT): ***Severely impaired***
-- Semantic fluency (D-KEFS VFT): Low average (9th percentile)

***Variable performance marked by difficulties with inhibition, unstructured problem solving, and phonemic fluency

***Verbal abstract reasoning in structured problem solving are normal

LANGUAGE

Expressive Vocabulary
-- Vocabulary (WASI2 Vocabulary): Low average

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Receptive Language
-- Intact during conversational speech

Expressive Language
-- Visual confrontation picture naming (Mixed frequency words: BNT): Low average

-- Semantic fluency (D-KEFS VFT): Low average (9th percentile)

***Language skills are grossly within normal limits, albeit at the lower range of normal

VISUOSPATIAL

Construction
-- Design copy (RCFT): ***Mild-to-moderately impaired*** (secondary to poor attention to detail)
-- Design construction (WASI2 Block Design): Average

Perceptual
-- Angular judgment (JLO): Low average (9th percentile)

***Design copy is impaired secondary to poor attention to detail

***Overall performance is grossly within normal limits

MEMORY

Verbal Memory
-- Total memory and learning (CVLT2 Trials 1-5): Average
-- List B immediate free recall (CVLT2): ***Mildly impaired***
-- Short delay free recall (CVLT2): High average
-- Short delay cued recall (CVLT2): Average
-- Long delay free recall (CVLT2): High average
-- Long delay cued recall (CVLT2): Average
  -- Retention: 100%
-- Delayed recognition memory discrimination (CVLT2): Low average

Visual Memory
-- Immediate rote visual memory (NAB Shape Learning): ***Severely impaired***
-- Delayed rote visual memory (NAB Shape Learning): ***Severely impaired***
  -- Retention: 50%
-- Delayed recognition memory discrimination (NAB Shape Learning): ***Moderately impaired***
  -- Recognition hits: ***Mildly-to-moderately impaired***
  -- False alarm errors: ***Mildly-to-moderately impaired***

-- Immediate incidental visual memory (RCFT): ***Severely impaired***
-- Delayed incidental visual memory (RCFT): ***Severely impaired***
  -- Retention: 118%
-- Delayed recognition memory discrimination: ***Severely impaired***

***Verbal memory is normal

***Visual memory is diffusely impaired

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SELF-REPORT(S)

Behavior
-- ADHD (WURS). Above cut-off for ADHD

Brown ADD Scale
-- Activation: T score = 77, 99th percentile
-- Attention: T score = 80, 99th percentile
-- Effort: T score = 73, 99th percentile
-- Affect: T score = 73, 99th percentile
-- Memory: T score = 68, 96th percentile

Anxiety (BAI) ***Mild range***
Depression (BDI2): ***Moderate range***

Mood/Personality (PAI) The patient produces a valid and interpretable profile. His responses are marked by significant elevations across a number of different skills, indicating a broad range of clinical features increasing the possibility of multiple diagnoses. Overall he appears to be experiencing a high level of concern around health matters and somatic symptoms. There is also indication he is likely socially isolated, with few interpersonal relationships. He also endorses a significant number of depressive experiences and is likely plagued by thoughts of worthlessness, hopelessness, and personal failure. He also appears to be indecisive about major life issues and has little sense of direction or purpose in his life. Anxiety and stress are high and he may engage in maladaptive behavior patterns to manage/control his anxiety.

The patient's self-concept appears to involve a generally harsh, negative self-evaluation. His interpersonal style seems best categorizes pragmatic and independent.

SUMMARY/INTERPRETATION: The patient is a 31-year-old, right-handed male with a prior diagnosis of ADHD who comes in in neuropsychology clinic with complaints of new onset memory loss. He endorses elevated anxiety and stress related to his cognitive dysfunction. He denies physical malfunction and is functional independent for all IADLs.

From a neuropsychological perspective this is an individual of likely average premorbid intellectual ability who shows dysfunction in aspects of executive functioning and visual memory. In review, right handed motor control is impaired and significantly worse than his left hand. Basic attention is variable and complex attention is generally impaired, despite being on ADHD medication at the time of testing. Executive dysfunction is seen in aspects of behavioral inhibition, unstructured problem solving, and phonemic fluency. Mental flexibility, verbal abstract reasoning, and structured problem solving are within normal limits. Language skills are grossly within normal limits, although at the lower range. Visual spatial skills are also grossly within normal limits. Verbal memory is within the expected range. Visual memory is grossly impaired. There is ample evidence to suggest high levels of depression and anxiety.

Impression & Recommendations:

Problem # 1: MEMORY LOSS (ICD-780.93) (ICD10-R41.3)
Assessment: New
Overall the results of current testing are abnormal and indicate frontal and nondominant temporal lobe dysfunction. Executive dysfunction appears compatible with his history of inattention and disorganization. His visual memory problems on the other hand do not readily conforms with ADHD and may be the consequence of a separate pathology, and require further investigation. To the best of my understanding the patient has never been seen in neurology or has had neuroimaging. Given the abnormal findings on

current testing he will be referred to neurology and structural brain scan should be considered

Tx Plan:
1. I will f/u with this patient in a few weeks to discuss testing results and treatment/referral options.
2. Given the abnormal finding is an ambulatory referral to neurology will be initiated
3. The patient should continue to follow with psychiatry for re-evaluation of ADHD medication. He should also have further assessment and treatment of depression and anxiety
4. Ambulatory referral to psychology for depression anxiety and coping skills training will be discussed
5. Options for cognitive rehabilitation of executive dysfunction and memory loss will be discussed strength feedback
6. Neuropsychological reevaluation will be completed as medically indicated

Orders:
Neurobehavioral status exam by Psych or MD 96116 (96116)
Neuropsychological testing per hr of psychologist or physician's time 96118 (96118)
Neuropsychological testing per hr administers by technician 96119 (96119)
Neuropsychological testing administered by a computer w/interp 96120 (96120)

Problem # 2: ADHD (ICD-314.01) (ICD10-F90.9)
Assessment: Comment Only

see problem 1 for details and plan
Orders:
Neurobehavioral status exam by Psych or MD 96116 (96116)
Neuropsychological testing per hr of psychologist or physician's time 96118 (96118)
Neuropsychological testing per hr administers by technician 96119 (96119)
Neuropsychological testing administered by a computer w/interp 96120 (96120)

Problem # 3: DEPRESSION (ICD-311) (ICD10-F32.9)
Assessment: New

see problem 1 for details and plan

Patient Instructions
(Handout Printed)
1) Seen for Neuropsych Eval. request for f/u in 2 weeks to review results

Asante Brooks, MA
Neuropsychometrist
Rutgers Cancer Institute of New Jersey
Rutgers RWJ Medical School

Jasdeep S. Hundal, Psy.D., ABPP-Cn

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Board Certified in Clinical Neuropsychology
NJ Psychology License # 35SI00506700
Director of Neuropsychology
Rutgers Cancer Institute of New Jersey
Rutgers RWJ Medical School

96116 x1 hour of face-to-face interview
96118 x4 hours of face-to-face, dated analysis, records review, and report writing
96119 x5 hours of face-to-face evaluation
96120 x1 unit (2 test)
Append modifier 59

******This note was dictated with Dragon Medical. The contents of this note were not proofread in detail. Please contact Dr. Hundal for clarification if text irregularities affect medical decision-making.******

Data Summary Section

Sensory/Motor

Grooved Peg Board	Drops	Seconds	T score	%ile
Right	0	71	34	5
Left	0	68	43	23

*Heaton et al

General Intellectual Functioning

Premorbid IQ Estimate	Raw	Standard Score	%ile	CI
WRAT-4 Word Reading	58	94	34	86-103

Wechsler Abbreviated Scale of Intelligence, 2nd Ed. (WASI-II)	Raw	Std./Scaled	%ile	CI
Verbal Comprehension Index (VCI)	92	94	34	88-101
-- Similarities	34	52	58	--
-- Vocabulary	31	40	16	--
Perceptual Reasoning Index (PRI)	110	108	70	101-114
-- Block Design	48	52	58	--
-- Matrix Reasoning	24	58	75	--
Full Scale IQ-4 (FSIQ-4)	202	101	53	96-106
Full Scale IQ-2 (FSIQ-2)	98	98	45	91-105

Discrepancy Comparison	Score 1	Score 2	Difference	Critical Value	Sig.	Base Rate %
VCI-PRI	94	108	-14	10.18	Y	15

Attention/Processing Speed/Executive Functioning

Conners CPT - 3	T score	Guideline
Variable Type		

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Detectability	55	High Average
Error Type		
Omissions	60	Elevated
Commissions	45	Average
Perseverations	52	Average
Reaction Time Statistics		
HRT	57	A Little Slow
HRT SD	59	High Average
Variability	58	High Average
HRT Block Change	56	High Average
HRT ISI Change	32	Low

NAB, Attention Module (NAB-A)	**Raw**	**T score**	**%ile**
Digits Forward	6	32	4
Digits Backward	4	42	21
Dots	8	48	42
Numbers & Letters Part A Speed	221	49	46
Numbers & Letters Part A Errors	6	41	18
Numbers & Letters Part A Efficiency	104	47	38
Numbers & Letters Part B Efficiency (Total errors=3)	66	35	7
Numbers & Letters Part C Efficiency (Total errors=3)	28	30	2
Numbers & Letters Part D Efficiency (Total errors=2)	38	32	4
Numbers & Letters Part D Disruptions	36	35	7

D-KEFS Trail Making Test	**Errors**	**Raw**	**Scaled score**	**%**
Condition 1 (Visual Scanning)	0	28	7	16
Condition 2 (Number Sequencing)	0	35	9	37
Condition 3 (Letter Sequencing)	0	40	8	25
Condition 4 (Number-Letter Switching)	0	83	9	37
Condition 5 (Motor Speed)	0	24	11	63
Combined NS + LS	0	17	9	37

D-KEFS Verbal Fluency Test	**Raw**	**Scaled score**	**%**
Condition 1 (Letter Fluency)	15	3	1
Condition 2 (Cat Fluency)	30	6	9
Condition 3 (Cat Switching Total correct)	14	10	50
Condition 3 (Cat Switching Total accuracy)	15	13	84
Letter Fluency vs Cat Fluency	-3	7	16
Cat Switching vs Cat Fluency	4	14	91

D-KEFS Color-Word Test	**Raw**	**Scaled score**	**%**
Condition 1 (Color Naming)	55	1	1
Condition 2 (Word Reading)	37	1	1
Condition 3 (Inhibition)	107	1	1
Condition 4 (Inhibition/Switching)	126	1	1
Combined CN + WR	2	1	1
Total Errors Inhibition	1	10	50
Total Errors Inhibition/Switching	2	10	50

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Wisconsin Card Sorting Test, 128 (WCST-128)	**Raw**	**T score**	**%**
Total Errors	89	<20	<1
Perseverative Responses	26	29	2
Perseverative Errors	25	28	1
Nonperseverative Errors	62	<20	<1
% Conceptual Level Response	11	<20	<1
# of Categories Completed	1	--	2-5
Trials to Complete 1st Cat	11	--	>16
Failure to Maintain Set	0	--	>16
Learning to Learn	N/A	--	>16

Language

Boston Diagnostic Aphasia Examination	**Raw**	**T Score**	**%ile**
Boston Naming Test	56	39	13

*Heaton et al

Visual Perceptual Skills

Benton	**Raw**	**T Score**	**%ile**
Judgment of Line Orientation (JLO)	20	37	9

Rey Complex figure (RCFT)	**Raw**	**T score**	**%ile**
Copy	32	--	2-5

Memory

NAB Memory Module, – Shape Learning (NAB-M)	**Raw**	**T score**	**%**
Trial 1 Immediate Recognition	3	--	3
Trial 3 Immediate Recognition	2	--	<1
Immediate Recognition	**5**	**19**	**<1**
Delayed Recognition	**1**	**19**	**<1**
Percent Retention	50	--	2
Forced-Choice Recognition	5	--	3
Forced-Choice Recognition FA	2	--	3
Discriminability Index	3	--	2

California Verbal learning Test –Second Edition (CVLT-II)	**Raw**	**T score**	**%**
Trials 1-5	52	52	58
	Raw	**Z score**	**%**
Trial 1	6	-0 5	30
Trial 5	14	0 5	68
List B	3	-1 5	6
Short-Delay Free Recall	14	1	84
Short-Delay Cued Recall	14	0 5	68
Long-Delay Free Recall	14	1	84
Long-Delay Cued Recall	14	0 5	68
Semantic Clustering	4 9	2	97

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Serial Clustering BD	-0 6	-1	16
Total Learning Slope 1-5	2 2	1 5	93
Repetitions	0	-1 5	6
Intrusions	0	-1	16
Recognition Hits	12	-2 5	1
Recognition FP	1	-0 5	30
Total Recognition Discriminability	2 5	-1	16

Rey Complex figure (RCFT)	**Raw**	**T score**	**%ile**
Immediate	11	20	<1
Delay	13	25	1
Recognition Total	17	22	<1

Performance Validity Testing

Test of Memory Malingering (TOMM)	**Raw**	**T score**	**% Correct**
Trial 1	20/50	--	40
Trial 2	47/50	--	94
Retention Trial	49/50	--	98

Dot Counting Test	**E-Score Cutoff**	**Base Rate %**	**Sensitivity/Specificity**	**PPA**	**NPA**	**Range**
Comp Group Normal-Effort Group Combined	19	30	71/8/94 7	85 4	88 7	Normal

Mood/Personality

Wender utah Rating Scale (WURS)	**Raw**	**Range**
Subscore (ADHD Measure)	63	Above Cutoff

Brown ADD Scale - Adolescent	**Raw**	**T Score**	**%ile**
Activation	19	77	99
Attention	21	80	99
Effort	15	73	99
Affect	13	73	99
Memory	10	68	96
Total Score	**78**	**80**	**99**

Mood Scales	**Raw**	**Range**
Beck Anxiety Inventory (BAI)	11	Mild
Beck Depression Inventory (BDI-II)	20	Moderate

Personality Assessment Inventory (PAI)	**Raw**	**T Score**	**%**
Conversion (SOM-C)	12	78	99
Somatization (SOM-S)	9	62	88
Health Concerns (SOM-H)	24	97	99
Cognitive (ANX-C)	11	61	86

RWJMG-The Cancer Institute of New Jersey
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732-235-2465 Fax: 732-235-8099

JASON ZANGARA
31 Years Old Male -DOB: 03/28/1986 RWJ MRN: 5188838

Home: (908)672-0626
Ins: HORIZON (1066)

Affective (ANX-A)	10	60	84
Physiological (ANX-P)	9	64	92
Obsessive Compulsive (ARD-O)	17	70	97
Phobias (ARD-P)	7	51	53
Traumatic Stress (ARD-T)	5	53	61
Cognitive (DEP-C)	14	78	99
Affective (DEP-A)	13	74	99
Physiological (DEP-P)	7	53	61
Activity Level (MAN-A)	12	67	95
Grandiosity (MAN-G)	3	38	12
Irritability (MAN-I)	10	55	68
Hypervigilance (PAR-H)	9	54	66
Persecution (PAR-P)	4	51	53
Resentment (PAR-R)	13	66	95
Psychotic Experiences (SCZ-P)	1	40	16
Social Detachment (SCZ-S)	19	84	99
Thought Disorder (SCZ-T)	15	81	99
Affective Instability (BOR-A)	9	63	90
Identity Problems (BOR-I)	12	71	98
Negative Relationships (BOR-N)	9	62	88
Self-Harm (BOR-S)	3	49	45
Antisocial Behaviors (ANT-A)	1	41	18
Egocentricity (ANT-E)	3	49	45
Stimulus Seeking (ANT-S)	2	43	23
Aggressive Attitude (AGG-A)	5	48	42
Verbal Aggression (AGG-V)	12	65	93
Physical Aggression (AGG-P)	2	49	45

Electronically Signed by Jasdeep Hundal Psy D on 02/19/2018 at 10:49 AM